

ALABAMA DEPARTMENT OF INDUSTRIAL RELATIONS
CONFIDENTIAL INFORMATION REQUEST
BY
AN INDIVIDUAL

1. This form allows you to request information from your own file. It must be completed with a notarized signature and include a **money order** made payable to "DIR" in the amount of \$10.00 (ten dollars). If you have questions regarding this notice, please call the Information Disclosure Unit at (334) 242-8981.

2. Please select the information and the year(s) needed: (Check all that apply)

☐ UC Claimant Profile printout - Shows your total Unemployment Compensation (UC) benefit amount and balance by the requested benefit year, name, address, and phone number.

☐ UC Base Period Wages printout - Shows your reported Alabama wages by quarter and benefit year.

☐ UC Payment History printout - Shows your weekly UC payments during the benefit year.

☐ Other: (specify) _____

☐ Year 2006

☐ For Current Benefit Year _____

☐ Year 2005

☐ Previous Benefit Year _____

☐ Year 2004

☐ Other _____

3. All requests are \$10.00 and must be prepaid. Mail money order payable to "DIR" to:

ATTN: Central Cashier
Alabama Department of Industrial Relations
649 Monroe Street, Room 2684
Montgomery, AL 36131

4. The Alabama Department of Industrial Relations is hereby authorized to release the requested information from my records.

(PRINT) Full Name Social Security Number

5. My Phone Number is: () -
Area code Number

6. The above information is to be used for the following purpose(s): _____

7. Please ☐ **mail my information to the address below or** ☐ **FAX it to** () -
Area code FAX Number

Name _____

Address _____

City _____ State _____ ZIP _____

8. Notarized signature:

Signature _____

(Notary Seal) Notary Signature _____

Date Notarized _____